

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *09/836 477* FILING DATE

APPLICANT(S)

1/30/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
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49		/				
50		/				
TOTAL IND.			3			
TOTAL DEP.		21				
TOTAL CLAIMS		34				

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL CLAIMS						